

ENGAGING THE BANGLADESHI COMMUNITY IN SOUTH EASTERN SYDNEY: ‘A COLLECTIVE JOURNEY’



Prepared by the Bangladeshi Reference Group South Eastern Sydney
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BACKGROUND

In 2009, staff in a number of facilities in South Eastern Sydney Illawarra Health noticed an increase in the number of patients from a Bangladeshi background.

The Area's Multicultural Health Service (MHS) provided cultural diversity health enhancement grants to three projects targeting the emerging Bangladeshi community: speech pathologists at the Sydney Children's Hospital (SCH) were funded to address speech and mental health issues in Bangladeshi children and families; midwives at the Royal Hospital for Women (RHW) were funded to address social isolation among Bangladeshi women; and funding was provided to translate learning and development resources for families using the Tumbatin Clinic at SCH.

The creation of these programs and engagement of health staff from different services provided the impetus for the establishment of the South Eastern Sydney Bangladeshi Reference Group.

The diversity health co-ordinator at the RHW oversaw recruitment to the Reference Group from Health, local government and non government/community organisations who were working with or representing the Bangladeshi community.

Members of the working group had a wide range of skills and backgrounds and included multicultural health, community development, early childhood and parent support workers, hospital diversity health co-ordinators, midwives and social workers. Details for the Reference Group are listed in Appendix A.

Through the sharing of information and experiences several strategies that could improve the health and capacity of the community and effectiveness of services working with this community were identified. It is hoped that the outcomes of the Reference Group can be used by health professionals and organisations to engage effectively with members of the Bangladeshi and other ethnic communities.

The collective journey provides:

- A profile of the Bangladeshi community
- Health service usage and barriers to accessing services
- Suggestions for good practice
- A way forward

IDENTIFYING COMMUNITIES

Profile of the Bangladeshi community in Australia

The Bangladesh-born community is a small ethnic group in Australia, with the majority (68%) residing in NSW. According to the most recent Census data, in 2006 there were 10,304 Bangladesh-born and 12,631 Bengali-speaking people living in NSW. Bengali is the official language of Bangladesh and West Bengal in India so the larger number of Bengali-speakers could include Bengalis from West Bengal or children who were born in Australia but speak Bengali.

In the 10 years between 1996 and 2006, the size of the Bangladeshi community in NSW tripled. Growth was particularly rapid in the five years from 2001-2006.

The highest concentration of Bangladeshi people in the Sydney Metropolitan Local Government Areas (LGAs) at the 2006 Census was in Canterbury (2,115) followed by Rockdale (1,205), Botany Bay (1,073) and Campbelltown (1,070).

This data was important for the Reference Group because South Eastern Sydney Illawarra Health services cover Rockdale and Botany Bay LGAs. In addition, it revealed that 309 Bangladeshi born people resided in the Randwick LGA and there was an increasing number of the Bangladeshi community settling in the St George area.

Some 57% of Bangladeshi people are young working families (25-44 years). The majority of this population are aged less than 45 years (reflecting migration criteria) which is younger than the average for Australia. Less than 1% are of a pensionable age (65 years and over).

In Sydney Metropolitan LGAs, 88% of Bangladeshis stated that they can speak English well and only a small proportion reporting difficulties in communicating in English. Care should be taken when using this data as people's self assessment of their level of English proficiency may not be reliable. Anecdotal evidence suggests that the figures for women are lower and there is low English literacy among spouses of skilled migrants.

Bangladeshi people living in Australia have quite a low income. In 2006, the median individual weekly income for the Bangladesh-born in Australia aged 15 years and over was \$376, compared with \$431 for overseas-born and \$488 for Australia-born residents. The average individual weekly income in Australia is \$466.

Demographic data is available from the Australian Bureau of Statistics and the Department of Immigration and Citizenship.

An overview of the history of Bangladesh is contained in appendix B.

IDENTIFYING NEEDS

Once the size and location of the Bangladeshi community in the health service's catchment area was identified, the Reference Group focused on getting to know the people, their needs and how they are using health services.

Demographic data and anecdotal evidence provided valuable information. It provided a picture of the Bangladeshi community in south eastern Sydney which can be used in the planning and provision of health and support services.

Health Service Usage

The growth of the Bangladeshi community is reflected in health service data such as interpreter usage, births and service caseloads.

The use of Bengali-speaking interpreters at the RHW and SCH has steadily increased over recent years. In the past year, Bengali-speaking interpreters were used on 405 occasions (almost 14% of all interpreter usage) at SCH and 307 times (8.4%) at the RHW. At SCH this is an 8% increase from the previous year making Bengali the fifth most commonly requested interpreter language at the hospital.

Similarly, the number of Bengali-speaking women giving birth at the RHW is also increasing. During 2009, 72 babies were born to Bengali-speaking women, accounting for 1.8% of all births at the hospital, up from 52 births (1.4%) in 2005.

Both the Tumbatin Clinic and the Speech Pathology Service at the SCH identified that Bangladeshi children were presenting to their services at a later age and as such were missing out on the benefits of early intervention strategies.

Anecdotal reports indicate that husbands and fathers will be the initial family member to make contact with and access health services and information on behalf of their family. Consequently, this can hinder timely access to health services and information. This could be a barrier in accessing specialised services such as domestic violence agencies.

Feedback from the Bangladeshi Community

Discussions with community members, organisations, health staff and health providers offered valuable insight to needs and issues. Comments included:

"The Bangladeshi community's cultural beliefs, experiences, concerns, perceptions and expectations are not fully understood by service providers or the wider community. There needs to be acceptance. Education on cultural understanding and reflection of the Bangladeshi culture could assist in better relations"

- There is a lack of knowledge about services available and a perception among community members that there isn't anyone to help them reach the appropriate service

- To access health and community services community members need access to childcare and transportation. New arrivals often don't have family or social networks that can assist with childcare and often experience social isolation. Other needs identified included housing, school and social networks
- More health specialists who speak Bengali are needed. In particular, there are reports of many people with psychological/mental health problems within the community and more counsellors and psychologists who speak Bengali would enable these individuals to express their feelings freely
- Women prefer to receive written information with graphics and the most important points summarised
- The importance of interpreters was recognised, especially when attempting to access antenatal services, however there was no awareness of the procedure for accessing an interpreter within hospitals
- Medicare is not fully inclusive. Financial pressure prevents some people from accessing services especially newly arrived women. For example, utilising dental services is sometimes difficult and some health programs such as antenatal classes and postnatal exercise classes at the RHW are user-pays
- Cultural awareness is a significant issue. Women reported that service providers lacked an understanding of their cultural beliefs and the importance of these beliefs eg men not usually being involved with childbirth and the strong family bonds that require them to take care of their parents when they are elderly. They want more support when attending antenatal care and during childbirth such as having a female health worker
- It was felt that stereotypes were used and these were hard to overcome
- Being a small community and quite close knit means that some women experience difficulties and there are frictions between some members of the community. For those who choose not to belong to groups social isolation becomes an issue
- Access to language courses for newly arrived immigrants, violence issues and rights and responsibilities and the Australian legal stance towards violence should be addressed.

Feedback from community organisations

- Lack of access to transport is a significant issue for the community
- Non government organisations lack certainty about funding which affects planning processes for small and emerging communities.

Feedback from health professionals and providers

- Social isolation and mental health issues are impacting on the women of the Bangladeshi community in particular
- While domestic violence is not necessarily spoken about in the Bangladeshi community, it is important that it is identified. Building trust with the community is needed to ensure that they become more confident to speak up and to seek culturally appropriate services
- It is difficult to access culturally and linguistically appropriate information. The use of pictures is an ideal mode of communication – generally, the fewer words used the better in order to get messages across to the community.

IDENTIFYING SERVICES PROVIDED

A review of services being provided to the Bangladeshi community identified a number of programs in the government and non government sectors. These programs provide opportunities for information sharing, engaging and communicating with the community, collaborations and partnerships. Services available in south eastern Sydney include:

Speech Pathology Services, Sydney Children's Hospital

SCH offers a community speech pathology program for children who are unable to communicate effectively or have feeding and swallowing difficulties.

After reviewing the Service's caseload, staff identified that a significant number of children from the Bangladeshi community were presenting with very severe communication impairments and at a much later age than the rest of the children seen by the service.

Strategies have been put in place to encourage the Bangladeshi community to refer children at a younger age so they can benefit from early intervention before starting school. Referral processes were modified to meet the needs of the community, information pamphlets and education sessions for parents have been translated into Bengali, and staff have developed strong links with the Bangladeshi community and service providers.

Contact: Sharon Greig, speech pathologist, ph: 9382 1021.

Tumbatin Clinic, Sydney Children's Hospital

Developmental paediatricians, psychologists and social workers at the Tumbatin Clinic provide diagnosis, assessment, counselling and support for families of children (0-6 years of age) with developmental delay.

While Bangladeshi families are using the service, the children are being presented when they are 4 to 6 years which is quite late. Children presented at 2–3 years can benefit from early intervention services such as speech and occupational therapy.

To encourage earlier referral, a resource for parents titled *Are you worried about how your child is learning and developing?* has been translated into Bengali. Service providers and community members were engaged in the promotion and distribution of the brochure. Staff also worked with the local Division of General Practices and service providers working with the Bangladeshi community.

Contact: Sandra De Marchi, social worker, ph: 9382 8194.

Child and Family Mental Health Services, SCH Community Health

Child and Family East (CAFE) is the mental health service for children aged 0-12 years. The Prince of Wales Hospital Adolescent Service provides a similar service for young people aged 12-18 years.

A number of initiatives are in place to make CAFE more accessible to Bangladeshi parents including: establishing links with workers in the Bengali community, educating parents about the service and providing information and advice directly to parents in the playgroup setting.

Links have been made with the Randwick and Botany Supported Playgroup Service and Sydney Multicultural Community Services. During a playgroup at Matraville Public School, which is popular with Bangladeshi parents, staff engaged a Bengali interpreter and provided parents with information on child development, positive parenting strategies and how to access services. Staff also learned from parents about how culture and migration influenced their experiences as parents. More sessions will be held in the future.

Contacts: Nora O'Loughlin, social worker CAFE, ph: 9315 7123; Hazel Schollar, social worker, Adolescent Service, POWH, ph: 9382 4347; Bengali parents group at Eastlakes Shopping Centre (contact Botany Family Support, ph: 8338 8506).

Royal Hospital for Women

The RHW has produced resources to assist Bangladeshi women and hospital staff working with this community. The *Developing culturally sensitive health services for childbearing Bangladeshi women* video is used for staff education and is available in Bengali for the women in the Bangladeshi community.

Having a baby in Australia is an educational film about pregnancy, labour, birth and the postnatal period within Australia's health care system. This video is loaned to Bangladeshi women and their families during pregnancy and is used for direct discussion at antenatal visits. The film is available from the hospital's health education co-ordinator.

A female interpreter is available each Tuesday. Bangladeshi women are encouraged to attend the clinic for their antenatal visits during this time.

The combination of both a known midwife and known interpreter has improved the interaction with the Bangladeshi women and their families.

Contact: Jane Svensson, health education co-ordinator, ph: 9382 6700.

Women's Support Group, Sydney Multicultural Community Services

The Bangladeshi Women's Support Group is a weekly social and support group where women come together to meet new people and to discuss the many issues they are facing.

The settlement worker also liaises with local schools and the Bangladeshi children and families from the schools, and is working in partnership with SESIH in running a series of information sessions about the Australian healthcare system and various health issues.

Contact: Sonia Islam, generalist settlement worker - Bangladeshi background, SMCS, soniai@sydneymcs.org.au, ph: 9663 3922.

Well Women's Program, Prince of Wales Community Health

The women's health clinical nurse consultant works with patients, health workers, community organisations and members of the community to provide health information and education on women's health issues in a culturally sensitive way. For example, to encourage attendance and group discussion at the Bangladeshi Women's Group a Bengali interpreter is used and childcare provided. Topics are chosen by the women.

Contact: Helen Wilmore, clinical nurse consultant, Prince of Wales Community Health, ph: 9382 8321 or Sonia Islam, generalist settlement worker - Bangladeshi background, SMCS, ph: 9663 3922.

Multicultural Health Service

The MHS provide the Health Service's focus for issues affecting the health of culturally and linguistically diverse communities.

The Service's cultural diversity health enhancement grants program funds and supports numerous projects to improve the health of the Bangladeshi community.

The MHS is leading a collaborative project to map out and co-ordinate activities that will expand health literacy and enhance trust in health services among the Bangladeshi community in the northern sector of the new South Eastern Sydney Local Health Network.

Our multicultural health worker collaborates with the settlement worker from SMCS to provide information to the Bangladeshi women's group at Daceyville.

Contact: Wilma Espinoza, multicultural health worker, ph: 9382 2986.

Sydney Multicultural Community Services

SMCS provides the Bangladeshi community in the eastern suburbs of Sydney with a generalist settlement worker with a Bangladeshi background. The worker provides case work and accidental counselling, advocates for clients, helps with documents and refers to appropriate services.

Predominant issues presenting include housing, Centrelink, family and domestic violence, family relationships, adjusting to the Australian culture, employment and immigration.

Contacts: Frances Hinchcliffe-Emmett, generalist settlement worker, francesh@sydneycms.org.au or Sonia Islam, generalist settlement worker - Bangladeshi background, soniai@sydneycms.org.au, ph: 9663 3922.

South East Neighbourhood Centre

South East Neighbourhood Centre (SENC), through its Family Support Project, has been targeting and serving the Bangladeshi community in the Botany/Randwick area. This assistance has been by way of their general programs, as well as running three Bangladeshi parenting seminars - one in collaboration with NSW Transcultural Mental Health Centre and SMCS (which had limited success).

SENC's general Family Support programs include English classes with child minding, two playgroups, a toy library and various other programs including play workshops for parents and children, as well as a women's multicultural cooking class with child minding. All programs are run collaboratively with other services and schools in the area.

SENC Family Support also provides parenting classes and case management for families, with several Bangladeshi families being served. Plans are to redevelop the Bangladeshi parent groups in 2011.

Contacts: John Gilbert, community development manager, ph: 8338 8506 or 0431 651 887, john.gilbert@senc.org.au or Natalie Churnin, child and family support co-ordinator, ph: 8338 8506, Natalie@senc.org.au; South East Neighbourhood Centre is located at Eastlakes Shopping Centre (PO Box 3007) Eastlakes NSW 2018.

LESSONS LEARNED

The Bangladeshi Reference Group met every six weeks for 18 months. During this time, members identified challenges, offered support, resources and an understanding of the community they were working with. Some outcomes include:

- Access to appropriate data is paramount. The purpose and process of data collection needs to be clearly identified. Often, data was being gathered by a department or service but it wasn't actively shared or readily accessible by those outside of this area. Where a unified system for collecting and recording data doesn't exist, networking and linking services to improve the sharing of information and data is vital
- Working collaboratively and sharing experiences helps to achieve desired outcomes. The benefit of having local knowledge as a tool for navigating administrative processes and locating resources cannot be underestimated
- Communication needs to be culturally appropriate. It was found to be easier and effective to disseminate information to forums the Bangladeshi community already attend rather than arranging a new service or education session. Participants in these groups already know and trust each other and can feel confident and comfortable asking questions in these familiar surroundings
- Formalising the sharing of information has improved internal communication in the health service. Meetings involving multidisciplinary teams enabled capacity building by utilising expertise and strengths, principles of person-centred care to be shared, open discussion and solution-focused strategies
- Engaging with the community and assisting them to address their needs takes time. This can be challenging for health workers who are used to short term processes and outcomes
- Establishing forums for communities to come together with health and community workers to discuss an holistic approach to their social wellbeing and health would be beneficial
- Effective engagement and building trust with communities requires innovative approaches, realistic and mutually acceptable timeframes. It's important for those involved to persevere, stay optimistic, open minded and focused on the long term outcomes to be gained. Empathy, respect for others and their opinions, openness, patience, perseverance, flexibility, creativity, intuition and a non-judgemental approach are essential personal qualities for workers aiming to maintain good relations with community members
- It's also important for existing services to take steps to reach the Bangladeshi community. For example by performing outreach and linking with other sources and places where individual Bangladeshi families may gather
- Increased availability of cross-cultural training for staff should be encouraged and supported by hospitals, community organisations and local councils
- Having a plan on how the service will address an issue and working with the community is important but to be effective, the community must feel that the strategy is about and for them and must see that their concerns and needs have been heard and recognised.

PUTTING IT INTO PRACTICE

Achieving good practice when working with the Bangladeshi community

When seeking to engage with a community group that you may not know very much about it's useful to consider the following strategies:

Become culturally self aware

Cultural self-awareness requires becoming aware and having a consciousness of your own values and beliefs before you can understand another person or community's beliefs and values. It is also important to recognise your own behaviour and what influences you in your decision-making processes in relation to your culture, values and beliefs.

Some questions to reflect on when thinking about your own culture:

- What cultural/ethnic or religious group do I belong to?
- What are some important values and beliefs that are part of this group?
- What cultural/ethnic/religious groups do my family and friends belong to?
- If they are different from my own, what are some of the values and beliefs that are part of these groups?

Establish links and partnerships with the community

Many organisations have been established which celebrate, promote and sustain the Bengali culture for local Bangladeshis. These include the Bengali Association of NSW, the Bangladesh Welfare Society in Campbelltown, the Australia Bangladesh Business Council and Bangla Radio Sydney.

It is important to inform those working with the Bangladeshi community about programs, strategies, information and activities available to enable them to give members of the Bangladeshi community accurate advice. This includes translated information.

Targeting health workers

Another useful strategy has been providing education sessions to health staff who work and liaise with the Bangladeshi community such as those who are having difficulties engaging families to attend and utilise services regularly. Education sessions to date have included general background about Bangladesh, issues the community in this geographical area face and possible solutions to some of these issues. A more in-depth understanding of these issues assists clinicians in engaging with Bangladeshi families.

In the Health Service, the Multicultural Health Service and hospital diversity health co-ordinators offer support and assistance. For more information visit www.sesiahs.health.nsw.gov.au/Multicultural_Health_Service

Communicating with ethnic communities

Information and education programs that target Bangladeshi community members who have been in Australia long term, are as important as those targeting newly-arrived migrants. Newly arrived members of the Bangladeshi community will often turn to long-term community members for information and advice, so it is important they are given accurate advice and current information.

Networking with community organisations, local councils' multicultural workers and migrant community interagencies are a good source of partnership work and valuable for helping to communicate information to the community through their networks.

Ethnic media including print, television and radio are a useful way to share information with specific communities. For more information visit:

www.bangla-sydney.com

www.crc.nsw.gov.au/services/medialink

www.sbs.com.au/radio - has a Bangladeshi program

It is worthwhile using Bengali speaking health care interpreters for groups even if the Bangladeshi participants speak reasonable English, as this encourages a high level of interaction between the speaker and the group. Complex issues are often better dealt with in language. It is recommended the same interpreter be used for follow-up sessions if possible, to continue any rapport and trust developed.

When using an interpreter in a community that is relatively small, consideration must be given to the possibility that there are few interpreters that speak that language and the patient/consumer may know the interpreter and not want to disclose personal information.

For more information on using health interpreters visit:

www.health.nsw.gov.au/policies/pd/2006/PD2006_053.html

www.sswahs.nsw.gov.au/sswahs/refugee/pdf/Resource/FactSheet/FactSheet_14.pdf

www.vtpu.org.au/docs/interpreter/VTPU_Poster.pdf

Develop and/or using translated written information

Many Bangladeshi women attending community support groups are very receptive to seeking assistance for themselves and their children. It has been the experience of workers thus far that in some cases, however, they may need to discuss this with their husbands before attending services.

Therefore having written translated information on official letterhead has proved useful in assisting women in those discussions with their husbands as well as assisting them in fully understanding the information given.

When translating materials from English to the selected language ensure that the information is in plain English. It is also very useful to test the first draft of your translation with someone who speaks Bengali, if at all possible. This ensures that the translation delivers the message you are hoping to get across to the community.

In addition, when organising a community targeted event and drafting a promotional flier, it is useful to develop the flier in both English and Bengali as community members' language skills might be limited in both languages.

The NSW Multicultural Health Communication Service has links to up to date health information in different languages. Visit: www.mhcs.health.nsw.gov.au

Resources

There are a lot of resources for workers wanting to engage culturally and linguistically diverse communities, some of which are listed in Appendix C.

The National Resource Centre for Consumer and/or patient Participation in Health - Feedback, Participation and Consumer and/or Patient Diversity: A Literature Review 2000 identifies a number of issues to be considered by an organisation before engaging with consumers and/or patients from marginalised groups, including the need for discussion about:

- The organisation's commitment to utilising consumer/patient information to improve services
- Strategies for working collaboratively and sensitively with communities
- Understanding how individuals and communities want to work with the service
- Ways of linking with communities
- Strategies for accountability to consumer and/or patients and for demonstrating how consumer and/or patient input has been utilised to improve services.

CASE SCENARIO:

Pathways in health for Bengali women and children at RHW

In Health, the term pathway is used to describe a patient's journey throughout the system, including their experiences and the various services and specialties used. For a person to have a positive patient journey health and support staff must respect and consider the individual's needs, including their cultural and linguistic diversity.

The following scenario outlines how culturally aware staff assisted a Bangladeshi woman and her family to have a positive journey with good health outcomes.

Scenario

Umma is a 22 year old Bengali woman presenting to RHW booking clinic. She is 14 weeks pregnant with her first pregnancy. She is newly arrived in Australia, recently married to her Bengali husband who is an Australian citizen and has no other family in Australia. She speaks reasonably good English and does not require an interpreter.

The midwife completing the booking notices that Umma presents as being flat and teary. Her husband has brought her in to the hospital and is asked to wait outside for part of the interview so that Umma's history can be explored.

Umma tells the midwife that she misses her family and is finding life in Australia difficult. She is adjusting to married life and becoming pregnant so soon but cries often. She feels unwell with morning sickness, wants to rest and not eat and finds it hard to shop and prepare food for her husband. She thinks she should be happy about the baby but feels scared and misses her family's support. She does not understand much about either the pregnancy or birth.

Through her husband she is beginning to meet some Bengali wives of the husband's friends and some of these women are pregnant or have children.

She finds it very hard when her husband goes to work, cries through the day and has had thoughts that he would be better off if she was not around. She relies on him for money, transport, shopping, socialising and requires his care and attention. He is very happy.

An Edinburgh Depression assessment is undertaken and Umma receives a high score. The midwife refers Umma's case to the Mental Health Intake Meeting and as a result she is referred to the Social Work team.

When Umma visits the social worker she is very shy and sad. Her husband is with her and is supportive. He waits outside while she is seen. Umma describes her feelings and situation with the social worker and becomes talkative and engaging during the assessment. She denies any history of depression or anxiety and understands that she is adjusting to marriage, leaving her family, moving to Australia, becoming pregnant and trying to settle down and make friends.

She is open to being referred to Sydney Multicultural Community Services (SMCS) and Botany Family Support services but is worried that her husband will not understand. The SMCS has a Bengali Women's Support Group with a Bengali facilitator. Umma is given information about these services in Bengali and English.

Umma is very excited at the prospect of a letter being sent to the Immigration Department in support of a family member visiting from Bangladesh for the birth of the baby.

The social worker meets with Umma's husband at the end of the session and explains the situation for his wife. He agrees that she is finding everything very difficult but he is not convinced that she needs to use community organisations to meet community workers or other Bengali women.

A midwife is consulted and agrees to refer Umma to an early childhood service that offers home visits, and to write a letter of support for a family member to visit around the time of the baby's birth.

Good practice for a positive health journey

Umma reported having a positive experience with the health system. This was assisted by multidisciplinary health staff working together (through the Bangladeshi Reference Group), having an awareness of and support for Bengali culture and customs and experiences of new arrivals, links with community organisations and access to multilingual resources.

In the scenario positive actions by those involved included:

- Using written information translated into Bengali
- Taking a non-judgmental approach
- Developing trust with the patient and family members
- Respecting the rights and wishes of family members and their roles
- Encouraging involvement of the family in decision-making
- Developing a rapport with all parties involved eg the husband
- Providing culturally-appropriate options
- Actively listening to cultural differences and expectations is practised
- Using existing Bengali community groups – in this instance, Sydney Multicultural Community Services which has a Bengali Women's Support Group with a Bengali facilitator

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Raising Developmental Concerns with Parents of Bengali Children, Sandra De Marchi, Sydney Children's Hospital Tumbatin Clinic

The National Resource Centre for Consumer and/or patient Participation in Health - Feedback, Participation and Consumer and/or patient Diversity: A Literature Review, 2000

UNICEF Unite for Children
www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html

APPENDIX A

Bangladeshi Reference Group

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APPENDIX B

Bangladesh – A Recent History

Political History

The borders of Bangladesh were formed with the partition of Bengal and India in 1947 when British colonial rule over India came to an end. At that time Bangladesh was the eastern wing of newly-formed Pakistan but was in effect separated from the western wing by 1,600 km of Indian Territory. The war for independence from Pakistan in 1971 resulted in the formation of a newly-independent Bangladesh. Bangladesh is now a parliamentary democracy. There have been many years of political unrest and political rule was suspended under emergency law for two years from January 2007 to December 2008. The Awami League won a landslide election in December 2008 with a large majority and continues to govern the country.

Demographics

Bangladesh is one of the most densely-populated countries in the world with estimates of its population being between 142 and 159 million people. The majority ethnic group is the Bengali people (98%) with several other smaller ethnic groups in different regions. The official and most widely-spoken language is Bangla - also known as Bengali - whilst many people with access to education speak English. Islam is the state religion (89.7% of the population) whilst other religions include Hinduism (9.2%), Buddhism (0.7%) and Christianity (0.3%) mostly Roman Catholic.

Geography

Bangladesh straddles the fertile Ganges-Brahmaputra Delta and many parts of the country are less than 12 metres above sea level, making these areas susceptible to flooding. The climate is tropical and the country experiences annual monsoon floods, tornadoes and cyclones.



The People's Republic of Bangladesh is bordered by India on all sides with the exception of a small border with Burma to the far southeast and the Bay of Bengal to the south.

Economics

Bangladesh is organised into six administrative divisions: Dhaka, Chittagong, Khulna, Rajshahi, Barisal (which are also major cities; Dhaka being the capital) and Sylhet.

Although two thirds of Bangladeshi people are farmers, more than 75% of export earnings are from the garment industry, employing more than three million workers, mainly women. Other export industries include jute, rice, tea and mustard.

Despite many natural and political hurdles, Bangladesh has achieved an annual economic growth rate of 5% since 1990 and many multinational companies are investing in the production of natural gas. A significant contributor to the development of the economy has been the widespread increase in microcredit through the Grameen Bank, which has a particular focus on supporting women in the economy.

Health and education levels are improving as poverty decreases. The literacy rate among adults was 54% from 2003-2008 and a 2004 UNICEF estimate indicated that literacy rates were lower amongst women.

Culture

Bangladesh has a rich literary and musical heritage encompassing both old and modern elements. The culinary traditions of Bangladesh are connected to Indian and Middle Eastern cooking, as well as having many unique dishes. Soccer and cricket are the most popular sports in Bangladesh and other popular sports include field hockey, tennis, badminton, handball, chess and kabadi – a 7 a-side team sport, which is the national sport of the country.

Global Bangladeshi settlement patterns

There are significant Bangladeshi communities beyond South Asia; some of the most well-established Bangladeshi communities are in the United Kingdom (mainly London) and United States (mainly New York). Millions of Bangladeshis also reside across the Gulf States, the majority of whom are living as foreign workers. Additionally, many Bangladeshis live in Malaysia, South Korea, Canada, Japan, Australia and other countries.

APPENDIX C

Service delivery resources and contacts

- NSW Multicultural Health Communication Service: translated resources for the community and health professionals on all aspects of health and well being: www.mhcs.health.nsw.gov.au
- South Eastern Sydney Multicultural Health Service: www.sesiahs.health.nsw.gov.au/Multicultural_Health_Service
- Fact sheets are available on Sydney Children's Hospital website - www.sch.edu.au/health/factsheets. These alphabetically listed resources provide information on a range of children's health issues, eg asthma, autism spectrum disorder, bedwetting, chickenpox, developmental delay. Some health issues are available in other languages.
- Community Services Translations Inc, a not-for-profit translating agency available to community service organisations. Contact: Wayne Aguiar, email: admin@communitylanguages.com.au or info@communitylanguages.com.au www.communitylanguages.com.au
- SBS radio website for Bangladeshi program: www.sbs.com.au/radio
- Sydney Bangla website: www.bangla-sydney.com
- Community Relations Commission website: www.crc.nsw.gov.au/services/medialink
- The National Resource Centre for Consumer and/or Patient Participation in Health (2000) Feedback, Participation and Consumer and/or patient diversity: A literature review. www.participateinhealth.org.au/ClearingHouse/Docs/cfcfeedbacklitreview.pdf
- The Australian Institute and Health Welfare biennial report: Australia's welfare 2009: www.aihw.gov.au/publications/index.cfm/title/10872
- Ethnic and race-based discrimination as a determinant of mental health and wellbeing. Reducing race-based discrimination and promoting anti-discrimination. Promoting Diversity through the arts: www.vichealth.vic.gov.au
- *Communicating with Patients from Culturally and Linguistically Diverse backgrounds* is an e-learning tool for health professionals working with culturally and linguistically diverse communities available online or on CD: www.sesiahs.health.nsw.gov.au/Multicultural_Health_Service
- An information booklet was prepared as part of the Muslim Carers Project, in partnership with the Ethnic Disabilities Advocacy Centre and the Muslim Women's Support Centre of WA (Inc). Carers WA supported the project (December, 2006)

- Ethnic Disability Advocacy Centre
320 Rokeby Rd, Subiaco, WA 6008, Ph. (08) 9388 7455, E: admin@edac.org.au
- The Muslim Women's Support Centre of WA (Inc.)
Ground Floor, 1127 Albany Hwy, Bentley, PO Box 1398, East Victoria Park, 6981
Ph: (08) 9451 5696 or info@mwsc.com.au
- Department of Ageing, Disability and Home Care - "Don't DIS my Ability - disability language dos and don'ts". International Year of Disability 2004, www.dadhc.nsw.gov.au/1DPWD
- NSW Department of Health, People with a Disability: Responding to Needs During Hospitalisation
www.health.nsw.gov.au/policies/pd/2008/PD2008_010.html
- Inner and Eastern Sydney Migrant Interagency
Colin Rosenfeld, colin.rosenfeld@randwick.nsw.gov.au
- Barbara Schneider, Inner and Eastern Sydney Child and Family Interagency Facilitator, Level 2, 86-90 Bay Street, Broadway NSW 2007, Ph: 9213 2425, 0405 335 299 or B.Schneider@sdn.org.au
- Human Services Network
Level 3, Bligh House, 4-6 Bligh Street Sydney NSW 2000, Ph: 9228 4200
hsnet@hsnet.nsw.gov.au
- Sonia Islam, generalist settlement worker - Bangladeshi background, Sydney Multicultural Community Services
- Raising Developmental Concerns with Parents of Bengali Children
- Power Point presentation by Sandra De Marchi, social worker, Tumbatin Clinic/Sydney Children's Community Centre, ph: 9382 8194.

APPENDIX D

AUSTRALIAN CULTURAL COMPETENCY GUIDE

www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/hp19.pdf

Cultural competency in health: A guide for policy, partnerships and participation. The National Health and Medical Research Council (NHMRC) have developed this guide to assist policymakers and managers formulate culturally competent policies and planning at all levels of the health system. The guide presents evidence on programs aimed at increasing cultural competence as well as research showing influences and determinants of healthy living and environments, within culturally and linguistically diverse communities. It provides strategies for increasing cultural competency (see chapter 3 in particular) and where available, gives examples of evaluated programs at the local level which aim to make a difference.

Why is cultural competency important?

Australia has long been a culturally diverse nation, with more than 500 language groups in existence prior to European settlement in the late 1700s.

Our population continues to grow in diversity of language, religion and cultural background. Our multicultural heritage has enriched our society immeasurably, but a diverse population also challenges the health system to meet the needs of community members representing a myriad of cultures and life experiences. People living in Australia come from diverse social, political and economic backgrounds, and have a wide range of experiences, behaviours, and beliefs in relation to health and illness.

For people who come from other lands to live in Australia, the impact of settlement and acculturation varies widely depending on their experience and situation. In addition, there are many determinants of health and wellbeing from outside the health system, such as housing, employment, education, spirituality and social connections to the life of the community. As a result, the health and wellbeing of culturally and linguistically diverse communities depend on a complex balance of social, economic, environmental and individual risk and protective factors. Australia is becoming more responsive to the needs of people from diverse backgrounds, and policies exist at national, state and territory level that enshrine the rights of all Australians to equal access to health services which meet their needs. Despite these policies, the health system is challenged to meet the needs of a population with a broad range of cultural and linguistic backgrounds. As a result, health inequalities exist for many culturally and linguistically diverse communities. Implementing policies effectively to ensure equity and access to health promotion, health care and social services for a diverse population will require action at every level of the health system.

Achieving culturally competent health care is everybody's responsibility, not just the province of governments and policy makers, health care providers working with ethnicity, or culturally and linguistically diverse communities. It benefits everyone in Australia and can only be achieved through collaboration across the community.

Summary

A health system that is culturally competent:

- acknowledges the benefits that diversity brings to Australian society
- helps healthcare providers and consumers to achieve the best, most appropriate care and services
- enables self-determination and ensures a commitment to reciprocity for culturally and linguistically diverse consumers and their communities
- holds governments, health organisations and managers accountable for meeting the needs of all members of the communities they serve.

A model for change

This guide acknowledges four dimensions of cultural competency: systemic, organisational, professional and individual - which interrelate so that cultural competence at an individual or professional level is underpinned by systemic and organisational commitment and capacity. Application of the model to health promotion and public health programs is supported by practical guidance provided in this guide, with a focus on:

- placing culturally and linguistically diverse communities at the centre of organisational approaches to promoting healthier living and environments;
- ensuring that the health system can capture, enumerate and measure diversity, and consider diversity in programming, planning and resource allocations
- acknowledging that cultural competency at management level affects the service culture of every organisation
- recognising the need for a culturally competent evidence base in health promotion and health service delivery, supported by research into cultural competence issues and leading to culturally competent monitoring and evaluation
- developing and implementing training and practice standards to ensure that information on people from CALD backgrounds is used as a context for interaction, not as a tool to assume behaviours or attitudes
- recognising the policy imperative to increase both the quality and resourcing of professional development as a key strategy in achieving culturally competent practice.

Health improvements for a diverse nation

To effectively promote healthier living and environments to a diverse nation, a national approach is required. This should target all levels of government and promote better services through the creation of networks, planning and strategic direction.

The health sector must form partnerships with ethnic communities and together develop culturally appropriate health promotion and health service delivery that is consistent and sustainable. The aim should be to transform health policy, planning and delivery, so it is suitable for a culturally diverse Australia, increasing cultural competency at all levels of the system, partnering with the multicultural sector in planning, implementing and evaluating health care, health promotion and public health strategies, and reducing health inequalities in the short and long term.

APPENDIX E

CULTURALLY INCLUSIVE HEALTH ASSESSMENT

	Things you should find out	Why you need to know
Origin	Country of origin and cultural background including ethnicity and religion	<ul style="list-style-type: none"> • Indication of cultural context • May influence ethnicity and gender of interpreter used if one is needed
	Preferred language and literacy in English and other languages	<ul style="list-style-type: none"> • May indicate if an interpreter is required • May show if written information can be provided to the client in English • May show if translated written information can be provided
	Education and employment	<ul style="list-style-type: none"> • Client may have been highly educated in their own country but qualifications are not recognised in Australia • Client may have had a high social status in their country or origin • Educational and employment background could indicate literacy level in first language
Journey	Migration experience	<ul style="list-style-type: none"> • Major differences in migration experiences of refugees and skilled migrants • Health status can be significantly affected by migration experience • Length of time spent in Australia can also affect health status
	Time spent migrating	<ul style="list-style-type: none"> • Client may have been displaced for a long period and this could have had an impact on their health • If the client was young during the time of migration their schooling may have been severely disrupted
Australia	Family and social support	<ul style="list-style-type: none"> • In Australia social support for the client may be limited • Connections with community organisations could indicate a form of support • In cultures where extended family is very important, presence of other relatives may indicate the need to negotiate care with a range of people other than the client
	Degree of integration or acculturation	<ul style="list-style-type: none"> • This will impact upon how the treatment or care of the client is negotiated • Treatment or care may need to fit in with traditional healing practices
	Responsibility for decision making about care	<ul style="list-style-type: none"> • This may not lie solely with the client, but possibly with other family or community members • Where this is not acknowledged, client may not comply with care or treatment or may feel distressed.
	English proficiency/need for an interpreter	<ul style="list-style-type: none"> • It is the responsibility of the practitioner to ensure that communication is clear
	Preferences for interpreter	<ul style="list-style-type: none"> • Client may prefer a particular gender • Ethnicity of the interpreter may be an issue for the client

Customs and Practices		<ul style="list-style-type: none"> • If an on-site interpreter is unavailable or refused, telephone interpreters can be used • Client may have concerns about confidentiality
	Religious practices	<ul style="list-style-type: none"> • Client may need access to religious leaders or places of worship • Particular times for praying may be important • Religious festivals and practices may conflict with planned care or treatment • Certain customs may need to be observed during death and dying
	Dietary practices	<ul style="list-style-type: none"> • There may be religious restrictions on foods consumed • Some foods may have cultural meanings, e.g. they are believed to benefit health in a certain way
	Health beliefs and practices	<ul style="list-style-type: none"> • Accepting the client's health beliefs and practices as relevant and important is paramount • Fitting the Western care model with the client's traditional practices needs to be negotiated • Client may not be aware of the roles of various health and care practitioners in Australia • Client may not be aware of the scope of services available

Source: Centre for Culture, Ethnicity & Health, 2005

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